

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/890186	FILING DATE
							APPLICANT(S)	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1			1		51		
2					1	52		
3					1	53		
4					1	54		
5					1	55		
6					1	56		
7					1	57		
8					1	58		
9					1	59		
10					1	60		
11					1	61		
12					1	62		
13					1	63		
14					1	64		
15					1	65		
16					1	66		
17					1	67		
18					1	68		
19	X				1	69		
20	X				1	70		
21		(1)			1	71		
22		(1)			1	72		
23		(1)			1	73		
24		(1)			1	74		
25		(1)			1	75		
26	X				1	76		
27	X				1	77		
28					1	78		
29		(1)			1	79		
30					1	80		
31					1	81		
32					1	82		
33					1	83		
34					1	84		
35					1	85		
36					1	86		
37					1	87		
38					1	88		
39					1	89		
40					1	90		
41					1	91		
42					1	92		
43					1	93		
44					1	94		
45					1	95		
46					1	96		
47					1	97		
48					1	98		
49					1	99		
50					1	100		
TOTAL IND.	1			1		TOTAL IND.		
TOTAL DEP.	27			17		TOTAL DEP.		
TOTAL CLAIMS	28			18		TOTAL CLAIMS		

PTO-1280 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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